conducted by a few agencies have shown that certain communities, like Kutchi, Bhanushalis and Lohanas in Gujarat have higher incidence of thalassaemia.

However, thalassaemia is a genetic disorder, and if both parents are carriers, then there is 1 in 4 chance in each pregnancy of giving birth to a thalassaemia major child.

(c) and (d) Health is a Stale subject. No independent survey has been conducted by Government so far to find out the number of thalasscmic patients in Gujarat.

(c) Remedial measures for management of the disease include repeated blood transfusions, and removal of excess iron produced in the body by chelation therapy. The Govt, has provided Customs Duty exemption to the imported chelator Dcsferal injections, and have also permitted the marketing of an oral chelator, Dcferiprone, under strict medical supervision. The Indian Council of Medical Research, a Govt, aided institution supports an Advanced Research Centre at Christian Medical College, Vellore, for curetive treatment for thalasssacmia. The National Illness Assistance Fund has been set up for providing financial assistance to poor patients suffering from major diseases, including thalassaemia. The States have also been requested to set up similar Funds. Genetic Councelling and prenatal diagnosis during pregnancy to prevent birth of affected children is available at a few Centre in the country.

Performance of Tuberculosis eradication programme

1738. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) what, according to the study, if any, conducted by Government, has been the level of rise in the tuberculosis cases in Delhi and in other States in the country during the last one year;
nstitutions for MTP

(b) what is the number of deaths of tuberculosis patients in 19% and since the beginning of 1997;

(c) what reasons have been identified by Government for unsatisfactory performance of the Tuberculosis Eradication Progreamme in the country; and

(d) what strategy has been formulated to eradicate the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) As per reports received under the National Tuberculossis Control Programme, there has been no rise of TB cases in Delhi or in other States of the country.

(b) It is estimated that in India about 5 lakhs people die of Tuberculosis in a year.

(c) and (d) A review of the National TB Control Programme was conducted by the Govt, with assistance of WHO in 1992, the salient findings of which are as under:—

— Inadequate budget

— Shortage of drugs

— Emphasis on X—ray diagnosis

— Poor quality sputum microscopy

— ultiplicity of treatment regimens

On the basis of recommediations of the review, a Revised Strategy for implementation with an aim to achieve 85% cure rate was formulated and has been pilot tested. This is now being expanded under the Revised National TB Control Programme to cover 102 districts in the country in the First phase.

Threatended Outbreak of Japanese Encephalitis

1739. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that according to the scientists of the